

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	FILING DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	5	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	6						TOTAL CLAIMS						

PTO-1360 (REV. 9/03)

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